

Getting to a Common Vision

This document outlines current context, perceived problems, an envisioned future state, and the ways in which the integration “plan” will help different sectors of our community, both public and private, accelerate to that future state.

This is for review and reaction at the February 6 meeting. The purpose of this discussion is to gain understanding of the extent to which a common vision exists and the potential path to realizing it.

The starting gate

Much of the health and human services provided to residents and communities in the King County region work well, evidenced by the fact that people are better off living here than in many other areas. Most would agree that the systems don’t need to be demolished outright, but that together the community could do better if we identify places and ways in which health and human service systems are not working well, and fix those. The work of the motion will not start cold. Across fields and disciplines represented on the transformation panel, work is underway to examine what works well, and what needs to change, why, and how. And the county, too, has been engaged with stakeholders over the past year to explore these issues in light of health care reform.¹ What follows are key concepts drawn from this previous work that provide a starting point for the discussion.

The problems

Though the community has made great strides in improving services through a wide range of regional partnerships and initiatives, opportunities for improvement remain:

- There is little predictability in access to and quality of health and human services for King County residents.

¹ See [King County Health Reform Planning Team](#), Framework for an Accountable and Integrated System of Care. This work was endorsed by various stakeholders involved in the work. Further consideration of formalizing the work as King County policy was deferred due to the adoption of Motion 13768, and the work is being rolled forward to the Transformation Panel.

- Services may be duplicated or not provided at all.
- Providers may not know what other system or provider is involved with a given client or patient.
- And too often, people get help only when their social and health issues reach a crisis point, when the issues are far more costly and challenging to address.

The consequences:

- ✓ Clients and patients often report poor experiences and poor customer service.
- ✓ No single point of accountability (everyone is responsible, so no one is).
- ✓ Inadequate focus on prevention, wellness, and recovery.
- ✓ Clients do not receive optimally integrated services and care is not well-coordinated (individuals don't receive all the services that could be of benefit to them in a timely, effective manner.)

These consequences fuel poor social and health outcomes in our community, persistent inequities, and higher costs for everyone: residents, government, and business.

Characteristics of the future state

The envisioned future state (or redesigned system) is effective in solving the problems described above, and achieves: effective, efficient, timely, and culturally competent delivery of health and human services that are of greatest benefit to the residents of King County. This system will measure outcomes and use those results to continually improve performance.

The system's core characteristics and elements will include:

- Access to a culturally competent, client centered medical or health home for everyone
- Seamless integration of primary care, mental health, and substance abuse services
- A strong network of robustly linked human services and supports (including linked to health)
- Care coordination and case management scaled to client needs – and tailored for those who are at highest risk and have complex health and social issues
- An enhancement of prevention services in clinical and community settings (a less costly way to address needs)
- Outcome-driven, meaning that outcomes are measured and financial incentives are aligned with those outcomes
- Financially sustainable

Getting there: assumptions about the nature of the product that will be developed in response to the Motion, “the integration plan”

The plan will articulate, with more specificity, the look and feel of the envisioned future state. Key aspects of the plan that will make it the type of dynamic tool needed to transform our system:

- ✓ It will clearly identify a vision – the future state.
- ✓ It will identify the most urgent initial steps and phases for implementation, recognizing that the plan will need to adapt and evolve over time. (It won’t be a static document.)
- ✓ It will lay out the mechanisms by which the county and other stakeholders will influence and govern the plan.
- ✓ It will address the alignment of county-controlled resources –both existing and new –in support of the future state.

Further, we anticipate that the plan will:

- ✓ Reflect a broad population-level frame of integration – the identified problems won’t be solved if systems are designed solely around low-income or most in need.
- ✓ Balance attention to both downstream (addressing highest need) and upstream (prevention focused) strategies.
- ✓ Leverage the opportunities under health care reform, especially the changes in the Medicaid program.

Finally, a critical aspect of the plan will be that it will strive—by virtue of a shared vision of the future state for health and human services – to inspire mutually reinforcing activities among various sectors and stakeholders in order to achieve a greater collective impact than any one alone could have.

Clients/Patients at Center and in the context of their community



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